PART B: FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTROCTIONS: This feet should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate further indicated unless correct maintenance fee notifica                                                                                                                                                                                                                                                                                                  | orrespondence including<br>d below or directed other<br>tions                                 | ng the Patent, advance or<br>herwise in Block I, by (a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ders and notification ) specifying a new co                                                                                                                                                                                                                                         | of m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | naintenance fees w<br>pondence address; 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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s) Transmittal. Thi<br>rs. Each additiona                                                                                                                                                                                                                                                                                                               | s certifi<br>I paper,                           | cate cannot be used fo                                                                                                          | domestic mailings of the<br>r any other accompanying<br>t or formal drawing, must                                                               |  |
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| OLIFF & BERRIDGE, PLC<br>P.O. BOX 320850<br>ALEXANDRIA, VA 22320-4850                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                 |                                                                                                                                 |                                                                                                                                                 |  |
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| EXAMINER                                                                                                                                                                                                                                                                                                                                                               |                                                                                               | ART UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                                                                                                                 |                                                                                                                                                 |  |
| PLEASE NOTE: Unrecordation as set for  (A) NAME OF ASSI  1. TOYOTA J  2. LUK AUTO                                                                                                                                                                                                                                                                                      | less an assignee is ident<br>th in 37 CFR 3.11. Com<br>GNEE<br>IDOSHA KABUSH<br>OMOBILTECHNIK | IKI KAISHA<br>GMBH & CO. KG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | data will appear on t<br>T a substitute for filin<br>(B) RESIDENCE: (C<br>1. TOYOTA,<br>2. HUCKESW                                                                                                                                                                                  | the parties of the pa | atent. If an assigr<br>assignment.<br>APAN<br>EN, GERMAN                                                                                                                                                                                                                                                                                                | COUNT<br>Y                                      | RY)                                                                                                                             | ocument has been filed for                                                                                                                      |  |
| Please check the approp                                                                                                                                                                                                                                                                                                                                                | riate assignee category o                                                                     | r categories (will not be p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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|                                                                                                                                                                                                                                                                                                                                                                        | are submitted:  No small entity discount # of Copies                                          | permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A check is enclose Payment by cred                                                                                                                                                                                                                                                  | sed.<br>it car                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ck# 22339<br>d. Form PTO-203                                                                                                                                                                                                                                                                                                                            | 1 (\$:<br>8 is atta                             | iched.                                                                                                                          | shown above) ficiency, or credit any n extra copy of this form).                                                                                |  |
| a. Applicant clain                                                                                                                                                                                                                                                                                                                                                     | atus (from status indicate                                                                    | us. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                 | FITY status. See 37 CF                                                                                                          | FR 1.27(g)(2).<br>e assignee or other party in                                                                                                  |  |
| NOTE: The Issue Fee an interest as shown by the                                                                                                                                                                                                                                                                                                                        | records of the United St                                                                      | ates Patent and Trademark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                                                                                                             | istered                                         | attorney of agent, of the                                                                                                       | - assignee of other party if                                                                                                                    |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   |                                                                                               | Date October 29, 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                                                  | Registration No. 60 , 728                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| This collection of informan application. Confide submitting the complete this form and/or sugges Box 1450, Alexandria, Alexandria, Virginia 22                                                                                                                                                                                                                         | viigiilia 22313-1430. D                                                                       | CFR 111. The information of U.S.C. 122 and 37 CFR by U.S.C. 122 and 37 | on is required to obtai<br>1.14. This collection<br>y depending upon the<br>ne Chief Information (<br>COMPLETED FORM                                                                                                                                                                | n or is estinging of the control of  | retain a benefit by<br>timated to take 12<br>vidual case. Any c<br>er, U.S. Patent and<br>O THIS ADDRES                                                                                                                                                                                                                                                 | the pub<br>minutes<br>ommen<br>Trader<br>S. SEN | lic which is to file (and<br>s to complete, includin<br>ts on the amount of tin<br>mark Office, U.S. Depa<br>D TO: Commissioner | by the USPTO to process<br>g gathering, preparing, and<br>ne you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450 |  |

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.